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02/17/2004

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Mary M. Helmken	(Depositor's name)
<i>Mary M. Helmken</i>	(Signature)
May 18, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/021,735	11/05/2001	Joanne Paquin	6670/OK001	5231

**TITLE OF INVENTION: NEUROPROTECTIVE COMPOSITION AND USES THEREOF**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$665	\$300	\$965	05/17/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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HENLEY III, RAYMOND J	1614	514-458000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Barry H. Jacobsen

Evan J. Federman

3. \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

Universite Du Quebec A Montreal

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Montreal (Quebec) Canada

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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Barry H. Jacobsen  
 (Authorized Signature)

(Date)  
 May 18, 2004

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05/21/2004 AWONDAF2 00000038 230455 10021735

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 02 FC:1504 300.00 DA

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